

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
RHODE ISLAND 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

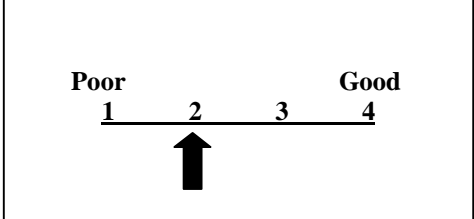
Rhode Island Data Comments

Restricted Benefits: Except in the case of dual eligibles, these tables do not distinguish beneficiaries with restricted benefit packages from those entitled to full Medicaid benefits. Rhode Island's 1115 waiver provided some adults with a restricted benefits package limited to family planning services. Because these individuals did not qualify for coverage of most mental health services, rates of identified mental health beneficiaries among the adult FFS population may appear low.

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

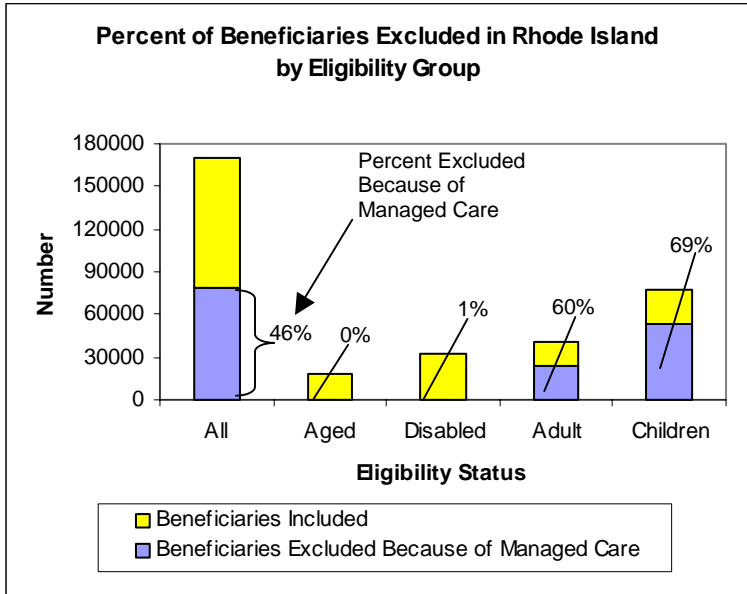
Race: Approximately 16 percent of enrollees are reported with unknown race.

RHODE ISLAND DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Rhode Island's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
RHODE ISLAND, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	169,491	100%	90,743	54%	\$1,952,257,699	100%	\$1,792,014,453	92%
Age								
0-3	20,899	12%	6,291	30%	\$44,020,807	2%	\$11,252,444	26%
4-5	10,022	6%	3,219	32%	\$14,378,698	1%	\$5,745,617	40%
6-12	32,593	19%	10,931	34%	\$54,746,898	3%	\$31,171,324	57%
13-18	19,223	11%	8,131	42%	\$40,927,181	2%	\$22,048,047	54%
19-21	5,529	3%	3,053	55%	\$21,709,417	1%	\$12,171,486	56%
22-44	43,765	26%	23,599	54%	\$383,490,400	20%	\$327,559,792	85%
45-64	15,617	9%	13,692	88%	\$444,787,181	23%	\$435,443,203	98%
65 and older	21,843	13%	21,827	100%	\$948,197,117	49%	\$946,622,540	100%
Gender								
Female	102,291	60%	54,022	53%	\$1,277,180,416	65%	\$1,172,399,576	92%
Male	67,200	40%	36,721	55%	\$675,077,283	35%	\$619,614,877	92%
Race								
White	89,971	53%	53,134	59%	\$1,518,814,558	78%	\$1,441,861,810	95%
Black	16,244	10%	7,225	44%	\$106,265,752	5%	\$89,149,156	84%
Hispanic	30,717	18%	12,303	40%	\$122,174,798	6%	\$88,925,654	73%
American Indian/Alaskan Native	224	0%	111	50%	\$1,989,040	0%	\$1,823,147	92%
Asian/Pacific Islander	4,949	3%	1,980	40%	\$19,506,355	1%	\$14,586,465	75%
Other/Unknown	27,386	16%	15,990	58%	\$183,507,196	9%	\$155,668,221	85%
Dual Status								
Aged Duals with Full Medicaid	18,439	11%	18,427	100%	\$880,418,613	45%	\$880,133,021	100%
Disabled Duals with Full Medicaid	9,240	5%	9,235	100%	\$573,955,673	29%	\$572,946,979	100%
Duals with Limited Medicaid	3,240	2%	3,240	100%	\$81,867,760	4%	\$79,528,362	97%
Other Duals	599	0%	420	70%	\$9,519,642	0%	\$633,163	7%
Disabled Non-Duals	19,341	11%	18,949	98%	\$226,478,680	12%	\$219,799,779	97%
All Other Non-Duals	118,632	70%	40,472	34%	\$180,017,331	9%	\$38,973,149	22%
Eligibility Group								
Aged	18,140	11%	18,138	100%	\$741,310,406	38%	\$739,987,406	100%
Disabled	32,899	19%	32,502	99%	\$1,036,381,855	53%	\$1,027,687,929	99%
Adults	40,744	24%	16,211	40%	\$77,559,182	4%	\$3,990,388	5%
Children	77,708	46%	23,892	31%	\$97,006,256	5%	\$20,348,730	21%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
RHODE ISLAND, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	90,743	14,899	16%	\$1,792,014,453	\$516,777,812	29%
Age						
0-3	6,291	143	2%	\$11,252,444	\$1,215,285	11%
4-5	3,219	279	9%	\$5,745,617	\$2,571,332	45%
6-12	10,931	1,850	17%	\$31,171,324	\$19,449,682	62%
13-18	8,131	1,524	19%	\$22,048,047	\$13,849,868	63%
19-21	3,053	392	13%	\$12,171,486	\$6,471,990	53%
22-44	23,599	5,459	23%	\$327,559,792	\$165,454,405	51%
45-64	13,692	3,652	27%	\$435,443,203	\$171,172,349	39%
65 and Older	21,827	1,600	7%	\$946,622,540	\$136,592,901	14%
Gender						
Female	54,022	8,519	16%	\$1,172,399,576	\$315,933,944	27%
Male	36,721	6,380	17%	\$619,614,877	\$200,843,868	32%
Race						
White	53,134	10,729	20%	\$1,441,861,810	\$433,268,637	30%
Black	7,225	1,075	15%	\$89,149,156	\$25,734,767	29%
Hispanic	12,303	1,449	12%	\$88,925,654	\$20,399,420	23%
American Indian/Alaskan Native	111	17	15%	\$1,823,147	\$388,696	21%
Asian/Pacific Islander	1,980	182	9%	\$14,586,465	\$3,299,299	23%
Other/Unknown	15,990	1,447	9%	\$155,668,221	\$33,686,993	22%
Dual Status						
Aged Duals with Full Medicaid	18,427	1,444	8%	\$880,133,021	\$129,005,988	15%
Disabled Duals with Full Medicaid	9,235	3,220	35%	\$572,946,979	\$252,093,763	44%
Duals with Limited Medicaid	3,240	421	13%	\$79,528,362	\$23,401,664	29%
Other Duals	420	119	28%	\$633,163	\$197,537	31%
Disabled Non-Duals	18,949	5,915	31%	\$219,799,779	\$95,906,020	44%
All Other Non-Duals	40,472	3,780	9%	\$38,973,149	\$16,172,840	42%
Eligibility Group						
Aged	18,138	1,069	6%	\$739,987,406	\$90,617,192	12%
Disabled	32,502	9,970	31%	\$1,027,687,929	\$411,340,653	40%
Adults	16,211	1,429	9%	\$3,990,388	\$760,821	19%
Children	23,892	2,431	10%	\$20,348,730	\$14,059,146	69%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
RHODE ISLAND, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	2,336	16%	49	1%	1,952	21%	335	21%
Major depression and affective psychoses	3,703	25%	338	8%	2,960	32%	405	25%
Other psychoses	470	3%	23	1%	240	3%	207	13%
Childhood psychoses	315	2%	271	6%	44	0%	0	0%
Neurotic & other depressive disorders	3,187	21%	360	9%	2,409	26%	418	26%
Personality disorders	121	1%	11	0%	93	1%	17	1%
Other mental disorders	184	1%	35	1%	107	1%	42	3%
Special symptoms or syndromes	277	2%	88	2%	154	2%	35	2%
Stress & adjustment reactions	2,424	16%	1,316	31%	982	11%	126	8%
Conduct disorders	407	3%	297	7%	105	1%	5	0%
Emotional disturbances	364	2%	359	9%	5	0%	0	0%
Hyperkinetic syndrome	1,100	7%	1,040	25%	60	1%	0	0%
No Diagnosis	11	0%	1	0%	0	0%	10	1%
Total	14,899	100%	4,188	100%	9,111	100%	1,600	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
RHODE ISLAND, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	1	232	0	0	1	2%	232	4	7%	6
	4-5	2	104	0	0	2	2%	104	1	1%	2
	6-12	27	134	1	4	27	5%	135	10	2%	11
	13-18	50	44	4	6	53	8%	42	30	4%	6
	19-21	9	68	16	41	21	10%	60	14	6%	8
	22-44	0	0	312	12	312	10%	12	376	12%	7
	45-64	0	0	160	12	160	7%	12	395	17%	9
	65+	26	6	55	2	79	6%	3	362	29%	2
	All Ages	115	61	548	12	655	8%	20	1,192	14%	6
Male	0-3	3	235	0	0	3	4%	235	6	7%	9
	4-5	10	91	0	0	10	5%	91	3	2%	3
	6-12	93	89	3	3	94	7%	89	19	2%	22
	13-18	77	73	8	17	81	9%	71	13	2%	8
	19-21	8	31	25	18	31	18%	22	14	8%	29
	22-44	0	0	269	11	269	12%	11	229	10%	10
	45-64	0	0	86	7	86	7%	7	254	20%	10
	65+	11	7	14	0	24	7%	3	97	29%	3
	All Ages	202	79	405	10	598	9%	34	635	10%	9
Total	0-3	4	234	0	0	4	3%	234	10	7%	8
	4-5	12	93	0	0	12	4%	93	4	1%	3
	6-12	120	100	4	3	121	7%	99	29	2%	18
	13-18	127	62	12	13	134	9%	60	43	3%	7
	19-21	17	51	41	27	52	13%	38	28	7%	19
	22-44	0	0	581	11	581	11%	11	605	11%	8
	45-64	0	0	246	11	246	7%	11	649	18%	9
	65+	37	6	69	1	103	6%	3	459	29%	2
	All Ages	317	72	953	11	1,253	8%	27	1,827	12%	7

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
RHODE ISLAND, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	13	21%	0.00	1.38	1.38	240	8%	1.70
	4-5	14	16%	0.00	1.36	1.36	77	5%	1.56
	6-12	108	18%	0.37	1.38	1.75	227	5%	1.45
	13-18	204	30%	0.38	1.73	2.11	241	7%	1.54
	19-21	83	38%	0.58	2.25	2.83	175	10%	1.61
	22-44	1,023	31%	0.42	3.12	3.54	1,081	10%	2.15
	45-64	692	29%	0.22	2.88	3.09	1,146	20%	2.24
	65+	62	5%	0.16	2.79	2.95	349	2%	1.76
	All Ages	2,199	26%	0.34	2.76	3.11	3,536	8%	1.98
Male	0-3	29	35%	0.07	1.69	1.76	296	9%	1.68
	4-5	37	19%	0.11	1.73	1.84	117	8%	1.53
	6-12	274	22%	0.37	1.44	1.81	284	6%	1.39
	13-18	253	30%	0.52	1.53	2.05	312	9%	1.51
	19-21	75	44%	0.81	2.39	3.20	122	14%	1.97
	22-44	575	26%	0.46	3.11	3.57	827	11%	2.16
	45-64	308	24%	0.20	3.56	3.76	754	17%	2.48
	65+	28	8%	0.25	2.04	2.29	197	4%	1.78
	All Ages	1,579	25%	0.40	2.55	2.94	2,909	10%	1.99
Total	0-3	42	29%	0.05	1.60	1.64	536	9%	1.68
	4-5	51	18%	0.08	1.63	1.71	194	7%	1.54
	6-12	382	21%	0.37	1.42	1.79	511	6%	1.42
	13-18	457	30%	0.46	1.62	2.08	553	8%	1.52
	19-21	158	40%	0.69	2.32	3.01	297	11%	1.75
	22-44	1,598	29%	0.43	3.12	3.55	1,908	11%	2.16
	45-64	1,000	27%	0.21	3.09	3.30	1,900	19%	2.34
	65+	90	6%	0.19	2.56	2.74	546	3%	1.76
	All Ages	3,778	25%	0.37	2.67	3.04	6,445	9%	1.99

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
RHODE ISLAND, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	95	2%	10	7%	85	1%
4-5	130	4%	67	24%	63	2%
6-12	1,372	13%	928	50%	444	5%
13-18	1,081	13%	701	46%	380	6%
19-21	334	11%	208	53%	126	5%
22-44	6,572	28%	4,021	74%	2,551	14%
45-64	7,067	52%	3,217	88%	3,850	38%
65+	10,649	49%	1,374	86%	9,275	46%
All Ages	27,300	30%	10,526	71%	16,774	22%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
RHODE ISLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	49	43%	67%	8%	8%	0%	39%	10%
Major depression and affective psychoses	338	49%	21%	14%	6%	8%	30%	12%
Other psychoses	23	39%	35%	22%	0%	4%	35%	13%
Childhood psychoses	271	17%	11%	10%	1%	12%	12%	27%
Neurotic & other depressive disorders	360	34%	10%	9%	1%	6%	14%	20%
Personality disorders	11	45%	18%	0%	9%	9%	27%	9%
Other mental disorders	35	14%	9%	14%	0%	3%	6%	17%
Special symptoms or syndromes	88	15%	11%	13%	0%	13%	14%	26%
Stress & adjustment reactions	1,316	19%	5%	7%	0%	14%	12%	31%
Conduct disorders	297	17%	6%	9%	0%	19%	12%	27%
Emotional disturbances	359	19%	3%	8%	1%	20%	13%	27%
Hyperkinetic syndrome	1,040	20%	6%	7%	1%	61%	21%	8%
No Diagnosis	1	0%	0%	100%	0%	100%	100%	0%
Total	4,188	23%	8%	8%	1%	25%	17%	54%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
RHODE ISLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,952	46%	87%	38%	10%	0%	62%	3%
Major depression and affective psychoses	2,960	73%	45%	50%	13%	2%	65%	4%
Other psychoses	240	49%	69%	37%	4%	1%	53%	11%
Childhood psychoses	44	57%	52%	41%	2%	2%	55%	11%
Neurotic & other depressive disorders	2,409	60%	15%	51%	1%	0%	44%	9%
Personality disorders	93	56%	34%	43%	2%	0%	45%	15%
Other mental disorders	107	29%	15%	28%	2%	1%	20%	34%
Special symptoms or syndromes	154	44%	17%	38%	1%	1%	32%	23%
Stress & adjustment reactions	982	53%	23%	40%	3%	1%	42%	13%
Conduct disorders	105	47%	40%	41%	3%	1%	43%	24%
Emotional disturbances	5	40%	20%	60%	0%	0%	40%	20%
Hyperkinetic syndrome	60	43%	10%	30%	3%	25%	35%	10%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	9,111	59%	43%	46%	7%	1%	54%	21%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
RHODE ISLAND, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	335	41%	86%	39%	7%	0%	61%	5%
Major depression and affective psychoses	405	79%	52%	52%	10%	1%	69%	3%
Other psychoses	207	42%	47%	32%	1%	0%	39%	26%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	418	69%	24%	61%	0%	0%	53%	9%
Personality disorders	17	47%	41%	35%	6%	0%	41%	18%
Other mental disorders	42	40%	38%	17%	2%	0%	33%	40%
Special symptoms or syndromes	35	66%	29%	54%	0%	0%	54%	23%
Stress & adjustment reactions	126	57%	17%	38%	0%	0%	33%	24%
Conduct disorders	5	60%	40%	80%	0%	0%	60%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	10	70%	70%	60%	0%	0%	60%	10%
Total	1,600	60%	48%	47%	4%	1%	55%	14%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).